

Required Fields for Order No. 96-04 Quarterly Summary Report

EXCEL column	Corresponding SSO Report Form Item Number	Field Title	Field Description	Example Data Entry	EXCEL Format Code	EXCEL Character Length
A	2	Tracking No.	This number shall be assigned by each sanitary sewer collection agency for each sanitary sewer overflow. The first 3 digits will represent the State fiscal year from July through June. The first two digits of the tracking number are the last two digits of the calendar year in which the fiscal year begins, and the third digit is the last digit of the calendar year in which the fiscal year ends. The next 3 digits will represent a unique sequential number assigned to each overflow. The first overflow for each agency in the 2000-2001 fiscal year will be number 001001. The second overflow for each agency in the 2000-2001 fiscal year will be number 001002.	001003	Text	6
B	3	Regional Board Contact Notified (Name, or "VOICE MAIL," or "FAX")	If the SSO was previously reported by phone or fax to the Regional Board, enter the name of the Regional Board staff contact who was notified of the sanitary sewer overflow or one of the following terms: VOICE MAIL with PHONE NUMBER, FAX with PHONE NUMBER, or QUARTERLY REPORT.	VOICEMAIL, (858) 467-2727	General	30
C	4	Date & Time Reported	If the SSO was previously reported by phone or fax to the Regional Board, enter the date and time the report was made. The format must be MM/DD/YY(space)HH:MM . The time must be separated from the date by one space. The time must be reported in military (24-hour) format and must not include "a.m." or "p.m." designations. If the SSO was not previously reported (because it was less than 1000 gallons and did not reach surface waters), then enter "N/A."	7/5/2001 8:00	Time	14

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D	5	Reported By	Name of the contact person at the reporting sewer agency who reported the sanitary sewer overflow and has more information on the overflow.	<i>Sue Ware Spilz</i>	General	20
E	6	Phone No.	Phone number including area code where responsible sewer agency contact can be reached. Enter the area code within parentheses followed by the phone number. Separate the prefix from the last four numbers with a dash.	<i>(123) 456-7890</i>	General	14
F	7	Reporting Agency	Name of reporting sewer agency. The agency name given must be consistently used for each overflow and for all reporting periods. (i.e., do not refer to the same agency using different variations of the agency name).	<i>City of Nossos</i>	General	30
G	8	Responsible Agency	Name of the responsible sewer agency. Typically, the responsible sewer agency is the same as the reporting sewer agency. The agency name given must be consistently used for each overflow and for all reporting periods. (i.e., do not refer to the same agency using different variations of the agency name).	<i>City of Nossos</i>	General	30

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H	9	Start Date & Time	Sanitary sewer overflow start date and time, estimated if necessary. The format must be MM/DD/YY(space)HH:MM . The time must be separated from the date by one space. The time must be reported in military (24-hour) format and must not include "a.m." or "p.m." designations.	7/4/2001 20:25	Time	14
I	10	End Date & Time	Sanitary sewer overflow end date and time, estimated if necessary. The format must be MM/DD/YY(space)HH:MM . The time must be separated from the date by one space. The time must be reported in military (24-hour) format and must not include "a.m." or "p.m." designations.	7/4/2001 21:10	Time	14
J	11	Estimated Overflow Flow Rate (gallons per minute)	Estimated overflow flow rate as best determined by reporting or responsible agency. If the overflow occurred for an extended period, the estimated flow rate may be an average flow rate. The flow rate reported must be in gallons per minute; however do not include units in the entry. The entry must be a single number and must be strictly numeric . The entry must not include non-numeric characters. Do not include the words "gallons per minute," "gpm," etc. If it is necessary to comment on the flow rate reported, enter the comments in the "Remarks" column.	20	Number	13

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K	12	Total Overflow Volume (Gallons)	Total sanitary sewer overflow volume from the overflow start time to the overflow end time. The volume reported must be in gallons; however do not include units in the entry. The entry must be a single number and must be strictly numeric . The entry must not include non-numeric characters. Do not include the words "gallons", "gal.", etc. If it is necessary to comment on the total volume reported, enter the comments in the "Remarks" column.	900	Number	13
L	13	Overflow Volume Recovered (Gallons)	Volume of sewage recovered by the discharger. The volume reported must be in gallons; however do not include units in the entry. The entry must be a single number and must be strictly numeric . The entry must not include non-numeric characters. Do not include the words "gallons," "gal.," etc. The recovered volume reported can not be greater than the total overflow volume. If necessary to comment on the recovered volume reported, enter the comments in the "Remarks" column.	460	Number	13
M	14	Overflow Volume Released to Environment (Gallons)	Volume of sewage released to the environment by the discharger. Typically, this volume is the difference between the total overflow volume and the recovered volume. The volume reported must be in gallons; however do not include units in the entry. The entry must be a single number and must be strictly numeric . The entry must not include non-numeric characters. Do not include the words "gallons," "gal.," etc. If necessary to comment on the released volume reported, enter the comments in the "Remarks" column.	440	Number	15

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EXCEL column	Corresponding SSO Report Form Item Number	Field Title	Field Description	Example Data Entry	EXCEL Format Code	EXCEL Character Length
N	15	SSO Location -- Street Address	Sanitary Sewer Overflow Location-- Street Address	<i>1234 56th Street</i>	General	30
O	15	SSO Location -- City	Sanitary Sewer Overflow Location--City	<i>Nossos</i>	General	20
P	15	SSO Zip Code	Sanitary Sewer Overflow Location--Zip Code	<i>92100 or 92100-1234</i>	General	10
Q	16	SSO County (SD, RV, OR)	Sanitary Sewer Overflow Location—County (SD for San Diego, RV for Riverside, OR for Orange)	<i>SD</i>	General	2
R	17	SSO Structure I.D.	Sanitary Sewer Overflow Structure description and I.D. (Type of structure where overflow occurred and/or which caused overflow.)	<i>10"-PVC pipe</i>	General	50
S	18	No. of Overflows within 1000 ft. of this location in past 12 months	Total number of previous Sanitary Sewer Overflows at this location or within 1,000 feet of the location (as best determined by the reporting or responsible agency) in the past 12 months running. If no other spills occurred at this location, enter "0."	<i>3</i>	Number	3
T	19	Dates of Overflows within 1000 ft. of this location in past 12 months	Dates of previous Sanitary Sewer Overflows at this location or within 1,000 feet of the location (as best determined by the reporting or responsible agency) in the past 12 months running. Use the format MM/DD/YY. Separate dates with commas.	<i>07/04/00, 11/24/00</i>	General	50

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EXCEL column	Corresponding SSO Report Form Item Number	Field Title	Field Description	Example Data Entry	EXCEL Format Code	EXCEL Character Length
U	20	SSO Cause (Short Description)	The entry is for the primary SSO cause and must be one of the following terms: <i>Roots, Grease, Line Break, Infiltration, Rocks, Debris, Blockage, Vandalism, Flood Damage, Manhole Failure, Pump Station Failure, Power Failure, Construction, Unknown, Other, Private Property</i> . In addition to the short description, a more detailed description of the cause(s) can be entered in the next column, "SSO Cause (Detailed Description)."	<i>grease</i>	General	20
V	21	SSO Cause (Detailed Description)	Sanitary Sewer Overflow Cause -- Detailed description of the cause. Can be up to 255 characters in length.	<i>Grease build-up in 10"-line resulted in partial blockage.</i>	General	255
W	22	SSO Correction and Prevention	Sanitary Sewer Overflow Correction and Prevention -- Description of all preventive and corrective measures taken or planned relating to this overflow.	<i>Sewer line was rodded to break grease blockage. Line will be cleaned monthly. Educational materials will be mailed to local residents regarding grease disposal. Response plan reviewed and updated.</i>	General	255

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X	23	72-hour period measurable precipitation? (Y or N)	Was there measurable precipitation during the 72-hour period prior to the occurrence of the overflow? Measurable precipitation means any rainfall amount greater than a trace amount as reported by the National Weather Service. Enter "Y" for yes or "N" for no as appropriate.	N	General	1
Y	24	Entered Storm Drain? (Y or N)	Did the overflow enter a storm drain or other storm water collection structure? Enter "Y" for yes or "N" for no as appropriate.	Y	General	1
Z	25	Reached surface waters other than storm drain? (Y or N)	Did the overflow enter surface waters other than a storm drain or storm water collection structure? Enter "Y" for yes or "N" for no as appropriate.	Y	General	1
AA	26	Initial Receiving Waters	Name or description of the initial receiving water. The initial receiving water is the surface water body which the sewage reaches first. This initial receiving water is the first bay, ocean, downstream canyon, or blue line stream shown on a USGS topographic map for the area of the discharge. All water body names must be spelled out. Abbreviations are not acceptable. If the sewage went to a storm drain, enter the name of the water body downstream of the storm drain. (If none, enter <i>none</i>)	<i>San Diego Creek</i>	General	30

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AB	27	Secondary Receiving Waters	Name or description of the secondary receiving water(s). This should include all surface water(s) which the sewage reaches after the initial receiving water. These secondary receiving waters include bays, estuaries, lagoons, the Pacific Ocean, downstream canyons, or blue line streams shown on a USGS topographic map which the sewage reaches after the initial receiving water. All water body names must be spelled out, separated by commas. Abbreviations are not acceptable. (If none, enter <i>none</i>)	<i>Morro Bay, Pacific Ocean</i>	General	100
AC	28	Final Sewage Destination	If the sanitary sewer overflow did <u>not</u> reach surface waters other than storm drains or storm water collection structures, describe the final destination of the sewage.	<i>Overflow reached vacant field and was absorbed into ground.</i>	General	100
AD	29	Local Health Services Agency Notified (Y or N)	Was the local health services agency notified in accordance with the requirements in California Health and Safety Code Section 5411.5? Enter "Y" for yes or "N" for no as appropriate.	Y	General	1
AE	30	OES Notified (Y or N)	If the overflow was greater than or equal to 1,000 gallons, was the Office of Emergency Services (OES) notified in accordance with the requirements in California Water Code Section 13271? Enter "Y" for yes or "N" for no as appropriate. (If not applicable, enter "NA")	Y	General	1
AF	31	Warning Signs Posted (Y or N)	Were signs to warn of contamination of surface water (ocean, lake, lagoon, river, creek, etc.) posted? Enter "Y" for yes or "N" for no as appropriate.	N	General	1

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AG	32	Location of Posting	If warning signs were posted, indicate name of location of posting.	<i>300 ft north and south of Noname Creek mouth at State Beach.</i>	General	100
AH	33	No. of Days Signs Posted	How many days were the warning signs posted? The entry must be a single number and must be strictly numeric. The entry must not include non-numeric characters. If it is necessary to comment on the number of days posted, enter the comments in the "Remarks" column.	3	Number	3
AI	34	Remarks	The "Remarks" column should be used to expand on information given in previous columns or to provide additional information that does not fit into the other columns. If the SSO was a private property overflow, please indicate clearly in the "Remarks" column.	<i>Private spill from cleanout.</i>	General	255